

New Worker Training Registration – Multiple Enrollees

Complete this form to register multiple individuals for a series of New Worker Training classes. You may use more than one form as needed. You must also complete the Registration Profile prior to enrolling.

Contact Person Information

Name: _____ E-Mail: _____

Phone: _____

Agency: _____

Address: _____

Enrollee Name

E-Mail

SSN

Course Title

Locator #

Date

City

Connecting with our Customers

Principal Elements of Working with Customers

Basic Eligibility Skills

Client Registration

Application Entry

FS Policy and CARES Integration

MA EBD Policy and CARES Integration

MA Family Policy and CARES Integration

Ongoing Case Maintenance for FS/MA

W-2 Policy and CARES Integration

Ongoing Case Maintenance for W-2

Barrier Screening Tool

CC Eligibility Policy and CARES Integration

CSAW Policy and CARES Integration

Data Exchange

KIDS Basics

MMIS

Caretaker Supplement

Mail this completed form to:
UW-Oshkosh Center for Career Development
Attn: Registration Staff
800 Algoma Blvd.
Oshkosh, WI 54901
Or fax it to: 920-424-1112.